tumor varies from a few days to forty-nine years. In a number of cases old scars have developed into sarcomata many years after the original injury. Among 190 cases 135 developed within a month after the injury, 33 inside of a year, and 22 after a year.

From this great quantity of material the author thinks there can be no doubt that a trauma can give rise to a tumor, malignant, or otherwise, either by stimulating misplaced embryonal tissue to more active growth, according to the theory of Cohnheim, or by so changing the nutrition of normal tissue that it takes on a pathological growth.—*Archives für klinische Chirurgie*, Band XLIX, Hefte 1 and 2.

GEORGE R. WHITE (New York).

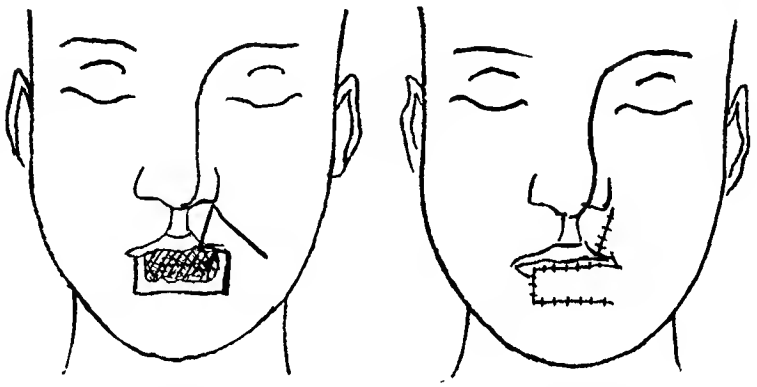
HEAD AND NECK.

I. A Method of Cheiloplasty by Borrowing from the Healthy Lip. By Dr. LARGER (Paris). The author, for the purpose of supplying the defect left after the removal of an epithelioma involving the left two-thirds of the lower lip, devised the following method:

He split the diseased lip vertically on either side of the growth, the incision to the left beginning at the commissure, that of the right from the point of union of the left three-fourths with the right fourth of the lower lip. These two perpendicular incisions were connected by a horizontal incision at the level of the labio-mental furrow. To fill the gap caused by the removal of the portion thus cut out, he procured a flap from the upper lip by an incision which, starting from a point at the junction of the left third with the right two-thirds of the upper lip, extended towards the border of the left wing of the nose, involving the whole thickness of the lip, up to and including the cul-de-sac of the buccal mucous membrane. This incision, starting from its upper extremity, was then directed outward and downward, parallel to the naso-labial groove, to a point on the cheek a little below the level of the left labial commissure.

The flap thus formed has a free blood-supply and falls naturally, without appreciable twist, into the gap in the lower lip. Owing to the elasticity of the tissues of the lip and the freedom of the

return circulation in the flap, it is possible to cut this flap smaller than the gap to be filled, contrary to the usual need in plastics. The mucous covering of the lower edge of the flap must be dissected off and then the flap is sutured in place. Along the upper border sufficient of its substance is grooved out to allow of the buccal mucous membrane to be sutured to the skin, and thus a mucous covering obtained for the new lower lip. Finally, the incision in the upper lip is sutured vertically to that in the cheek, thus



closing the hiatus left by cutting out the flap. Two additional points of suture serve to form the new left commissure.

In the particular case in which this method was employed by the author, the result was very satisfactory. There was no swelling of the flap; the teeth were well covered; the projection of the two lips was uniform. The regularity and symmetry of the mouth left little to be desired. The saliva was absolutely retained by a contractile lip, and in both mastication and phonation the mouth worked normally.—*Bull. et Mém. de la Soc. de Chirurgie de Paris,* 1894, t. XX, p. 643.

II. Congenital Epithelial Cysts and Fistulæ of the Neck. By Dr. O. HILDEBRAND (Göttingen). The author reports twenty cysts and ten fistulæ of the neck observed at the surgical clinic in Göttingen.

The cysts were not congenital in the sense that they could be seen at birth, but developed gradually and were first observed between